

START WITH THIS FORM *It contains instructions and a checklist of additional forms and information you will need to attach to ensure that your filing is complete.*

Money Transmission Services Provider Application

Name of Applicant including dba(s) if applicable			Tax ID number (EIN)							
Designated representative <i>(the contact person responsible for addressing inquiries about this application prior to issuance of a license)</i>										
Name and title			Telephone number <i>(include area code)</i>							
Number, street and floor or suite number			Fax number <i>(include area code)</i>							
PO Box			Main company telephone number <i>(include area code)</i>							
City	State	Zip	Email address							

General Instructions

1. Complete your application filing. Use the checklist on this form to assure that all required forms and information are included.
 2. Do not leave any question blank - Enter "N/A" or "None" if not applicable. Incomplete applications will be returned without review and are not considered "filed."
 3. To change information you entered on any form, draw a line through your incorrect information and initial the change. Do not alter signatures in any way.
 4. File your application with original signatures. Include applicable fee due. Submit it to the Office of Financial and Insurance Services (OFIS).
- We review your application and conduct an investigation to determine if the application meets the requirements of 2006 PA 250. If the Commissioner finds that the applicant meets the requirements of Michigan law, the application will be approved. OFIS will mail an original license to the applicant. Upon receipt, post the original license in a conspicuous location. If the application is not approved, you will receive a letter stating the reason for disapproval, possible remedies (if applicable) and instructions for requesting a hearing to contest the disapproval.

Minimum Net Worth Requirement:

Applicant must have a minimum net worth of \$100,000 plus \$25,000 for each additional location or authorized delegate, up to a maximum required net worth of \$1,000,000. For example: An applicant with a main location and 7 authorized delegates must have a net worth of \$275,000 [\$100,000 + (7 x \$25,000)]. An applicant with a main location and 36 OR MORE authorized delegates must have a net worth of the \$1,000,000 [\$100,000 + (36 x \$25,000)=\$1,000,000] maximum net worth requirement).

A Surety Bond (page 4 of this form) is required according to this schedule (total number of locations: minimum bond amount)

1 or 2: \$500,000 3 to 49: \$1,000,000 50 or more: \$1,500,000

One license applies to all locations and authorized delegates through which this applicant provides money transmission services in Michigan.

*A location is defined as the main **place of business** and any additional locations at which money transmission services activities occur. "Authorized delegate" means a **person** that a licensee designates to provide money transmission services in this state on behalf of the licensee.*

See form FIS 2062 Fee Calculation for Money Transmission Services Provider for more information.

General Interrogatories

1. At the time of initial licensure,

(a) How many delegates does this company intend to authorize to conduct Michigan money transmission services? _____

(b) How many locations (including main office) does the applicant intend to conduct Michigan money transmission services business from? _____

(Include locations controlled by the applicant and by authorized delegates) _____



Attach form FIS 2061 List of Authorized Delegates and Additional Locations from the OFIS website (<http://www.michigan.gov/ofis>) at Forms-Mortgage and Consumer Finance-Money Transmission Services Providers.

2. Is applicant the wholly owned subsidiary of a publicly traded U.S. Corporation? ☐ Yes ☐ No *If "Yes" proceed to question 3. If "No" complete 2a and 2b below.*

2a. Is the applicant a whole or partial subsidiary of another business entity?

☐ Yes ☐ No

2b. Are any entities whole or partial subsidiaries of the applicant?

☐ Yes ☐ No



If answer to 2a or 2b is yes, attach a chart showing ALL whole or partial controlling and subsidiary entity relationships. Include entire chain of ownership. List name and primary business of each entity. List controlling owner(s) including name and title or percentage of ownership for each listed entity.

Note: This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. Corporation.

At any time before or after licensure, OFIS may request additional disclosures from persons or entities with ownership or other controlling interest in the applicant.

3. Describe money transmission services applicant: (a) has previously provided; (b) intends to provide in Michigan: *(attach additional sheet if necessary)*

4. If applicant will be conducting business over the Internet, please list web addresses used. Describe precautions to protect personal privacy and the security of business information. *(attach additional sheet if necessary)*

5. Describe any material litigation* in which the applicant was involved in the previous 10-year period. *(attach additional sheet if necessary)*

*Material litigation means litigation that according to generally accepted accounting principles, is significant to an applicant's or a licensee's financial health and must be disclosed in the applicant's or licensee's audited financial statements, reports to shareholders, or similar records.

6. List any criminal convictions of the applicant business entity in the previous 10-year period. Do not list criminal history of individuals who are owners, officers and shareholders of the applicant. These individuals must disclose criminal history on form FIS 2051 Affiliation Disclosure.

7. If the applicant is not a natural person, provide all additional assumed or trade names, and all business addresses of the applicant that are not listed on form FIS 2050 Entity Application Disclosure *(attach additional sheet if necessary)*

8. Describe the source of money and credit to be used by the applicant to provide money transmission services:

9. List the date and location of any bankruptcy or receivership proceedings affecting the applicant now or in the past. Do not list bankruptcy of individuals who are owners, officers and shareholders of the applicant. These individuals must list and explain any history of bankruptcy on form FIS 2051 Affiliation Disclosure. *For any bankruptcy or receivership proceedings listed here, attach a written statement explaining the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy; a copy of the discharge of bankruptcy or any other court disposition if applicable.*

Checklist—use this checklist to ensure that all items are included to constitute a complete filing. Incomplete filings will be returned without review.

- ☐ FIS 2050 Entity Application Disclosure, page 1—All applicants must list a Michigan Resident Agent, the person on which process is served in Michigan.
- ☐ On FIS 2050 Entity Application Disclosure, page 2—List for applicant ALL officers of the corporation, members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other controlling persons; partners; sole proprietor; stockholders of 20% or more; members if company is organized as a limited liability company.
- ☐ For each above person, attach form FIS 2051 Affiliation Disclosure with original signature .
- ☐ For questions 1-4 on form FIS 2051, if any response was "Yes," further documentation must be attached. See form FIS 2051 for detailed instructions.
- ☐ If applicant has any whole or partial controlling and subsidiary entity relationships (form FIS 2060 page 1 questions 2a and 2b), attach a chart showing all such entity relationships. Include the entire chain of ownership. Provide all information requested in instruction for lines 2a and 2b.
Note: This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. Corp.
- ☐ All applicants must submit a Surety Bond. Page 4 of this form (FIS 2060) is the bond form prescribed by the Commissioner. An authorized Surety must fill in all blanks to complete this form. Do not alter any bond form wording.
- ☐ If applicant intends to conduct business at more than one location or through any other persons (authorized delegates), complete and attach form FIS 2061 List of Authorized Delegates and Additional Locations. This filing can be made by enclosing a CD containing the completed file in an Excel compatible format.
- ☐ FIS 2053 Financial Statement Disclosure *for each of the previous two years, if available*—You *may* submit an independently audited financial statement (must be less than 6 months old) in lieu of page 2 of form FIS 2053. The audit must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of form FIS 2053. If any of the assets in the financial statement are pledged to secure payment of liabilities, you must attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.
- ☐ FIS 2062 Fee Calculation for Money Transmission Services Provider must be completed and included with the payment due as calculated on the form.
- ☐ When checklist is complete, sign the verification below before a notary public. Make a copy for your records. Send your original filing as instructed below.

Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature _____ Date signed _____

Signer's name and title (typed or printed) _____

Authority: 2006 PA 250. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

Filing Instructions Be sure that all checklist items are completed and attached. Send application package to:

By US Mail:

OFIS - MT Processing
PO Box 30224
Lansing, MI 48909-7724

By Courier:

OFIS - MT Processing
3rd Floor
611 W. Ottawa Street
Lansing, MI 48933

Contact OFIS at 1-877-999-6442 toll-free if you have questions regarding the application process

Certification of Notary Public

State of _____ County of _____
On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared _____,

personally known to me, or proved to me through government-issued documentary evidence in the form of _____

_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Signature of Notary Public _____

Bond-Money Transmission Services Provider

Bond Number _____

*Complete and attach this form with original signatures to your application form as instructed on the application checklist.**This bond remains in full force and effect for all money transmission services conducted at all locations and for all authorized delegates of the Principal in the State of Michigan.*

KNOW ALL PERSONS BY THESE PRESENTS, That _____

of _____, State of _____ as PRINCIPAL and

_____ of _____ as SURETY are held and firmly bound unto the People of the State of Michigan, for the use of said State and of any person or persons who may have a cause of action against the above principal under the provisions of 2006 PA 250, as amended,

in the sum of \$ _____, lawful money of the United States, to be paid to the Commissioner of the Office of Financial and Insurance Services of the State of Michigan on behalf of the People of the State of Michigan, or its assigns, for payment to be well and truly made, we bind ourselves, our heirs, executors, administrators, successors, and legal representatives, jointly and severally, firmly by these presents.

Whereas, the above bounden principal has received, or is about to receive, a license from the Commissioner, Office of Financial and Insurance Services of said State of Michigan authorizing the PRINCIPAL to engage in the business as a Money Transmission Services Provider under the provisions of 2006 PA 250.

The condition of this obligation is such, that if the said principal will conform to and comply with each and every provision of the act and all rules and regulations lawfully promulgated thereunder by the Commissioner, Office of Financial and Insurance Services of the State of Michigan, and will pay to said State and to such person or persons, any and all moneys that may become due or owing to said State and to such person or persons from the obligor, principal, and by virtue of the provisions of said 2006 PA 250, as amended, then this obligation shall be void, otherwise it is to remain in full force and effect.

This bond shall be effective _____ and shall be in force for the term ending December 31, 20 ____.

This bond may be continued in force for an additional term or terms by suitable continuation certificates executed by the surety with the approval of the Commissioner, pursuant to such regulations as may hereafter be provided.

Signed, sealed and dated this day, _____, 20 ____.

In the presence of:

Witness_____
Witness_____
Principal_____
Principal_____
Surety_____
Surety

Michigan Department of Labor & Economic Growth

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Entity Application Disclosure

Complete and attach this form to your application form as instructed on the application form. Keep this information current by amending your application when information changes.

If company keeps the official books, records and related documents in a location other than address 1, 2, or 3 below, please attach an explanation and give the address where such documents are maintained.

Name of Applicant including dba name(s) if applicable	Tax ID number (EIN)

Address 1: Applicant's principal U.S. administrative office (must include street address)

check if address is
☐ Our primary mailing address

Number, street and floor or suite number

PO Box

City

State

Zip

Address 2: Company's primary office in Michigan (must include street address)

check if ☐ Same as address 1
☐ This is our primary mailing address

Number, street and floor or suite number

PO Box

City

StateMI

Zip

Address 3: Primary mailing address (only if different than address 1 or 2)

Name

Number, street and floor or suite number

PO Box

City

State

Zip

Michigan Resident Agent * (person who accepts service of process on company's behalf)

Name

Number, street and floor or suite number

PO Box

City

State

Zip

* If applicant is a Corporation, Limited Liability Company, or Limited Partnership, Michigan Resident Agent and address must agree with that on file with the Corporation Division of the State of Michigan Bureau of Commercial Services.

Deferred Presentment Service applicants: Provide a list of all branch office information on Form FIS 2041 Branch Activity List for DPSPs

Money Transmission Service applicants: Maintain a list of authorized delegates and additional locations as instructed on Form FIS 2060.

All other applicants: Attach a report listing all Michigan branch offices where applicant will conduct business. Give street address and name of manager for each branch location.

Contact person (person at this applicant business responsible for addressing inquiries from the Office of Financial and Insurance Services after issuance of a license)

Name and title

Telephone number (include area code)

Number, street and floor or suite number

Fax number (include area code)

PO Box

Company website address (URL) if applicable

City

State

Zip

EMail address

1. Company is organized as the following type of business:

☐ Corporation

☐ Limited Liability Company (LLC)

☐ Limited Liability Partnership (LLP)

☐ General Partnership

☐ Sole Proprietorship

☐ Other (describe)

}

please enter your 6-digit Michigan I.D. number :

Michigan Corporation ID number

Michigan Corporation information is available at:
www.michigan.gov/corporations

2. Company state of organization:

☐ Michigan

☐ Other (enter state of organization)

3. Company date of organization (mm/dd/yyyy):

4. Identify each of the following in relation to the applicant: *Attach additional list if necessary*

- ▶ **ALL** officers* of the corporation, partners, or sole proprietor
- ▶ **ALL** stockholders of 10% (Deferred Presentment applicants only) or 20% (all other applicants) or more. If stockholder is a corporation, list name of corporation, EIN and % of ownership of applicant.
- ▶ **ALL** members if company is organized as a limited liability company
- ▶ **ALL** members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

** Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer*

Name	Title and/or stock %

Name	Title and/or stock %

+ Each person listed above must complete and attach form FIS 2051 Affiliation Disclosure. All entities (including corporate stockholders) with an ownership interest in the applicant must appear on a chart of controlling and subsidiary entity relationships. **These requirements are waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.**

5. Does applicant hold any type of financial services license (such as insurance, securities, banking/finance) issued by Michigan or another state?

☐ Yes ☐ No *If yes, complete below. Attach additional page(s) if necessary.*

State	License number	Type of license	Name of regulatory agency issuing license

6. Give a general description of the applicant's proposed business activities. At a minimum, include a list of services applicant will provide consumers, and how the applicant plans to generate business.



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Affiliation Disclosure

Please enter all information as requested. If a question is not applicable or the answer is none, indicate your response as "N/A" or "none." Filing instructions are on page 3.

IMPORTANT: On each attachment to this Affiliation Disclosure, enter Your Name, Name of Applicant Company and Company's Tax ID number (FEIN) in upper right corner.

Name of COMPANY OR CORPORATION making application	Tax ID number (EIN)

PART 1: Check each box below that describes your relationship to the applicant company, or a corporate stockholder of the applicant company.

Each person affiliated with the applicant as described below must complete this Applicant Affiliation Disclosure. Check each box that applies to you.

<input type="checkbox"/> Proprietor	<input type="checkbox"/> Stockholder (see application instructions for percentage owned)	If affiliated party is a Corporate Stockholder, complete this section:	
<input type="checkbox"/> Partner		Name of Corporation	State of Incorporation
<input type="checkbox"/> Member if applicant is organized as a limited liability company	<input type="checkbox"/> Member of the corporation's Board of Directors, Board of Trustees, Executive Committee, or other governing body	Percentage of ownership of applicant company	Corporation Tax ID Number (EIN)
<input type="checkbox"/> Officer of the corporation			
<input type="checkbox"/> I am affiliated with a corporate stockholder of the applicant corporation		Each person affiliated with this corporate stockholder as an officer, director, or trustee must complete a separate Affiliation Disclosure. This requirement is waived if applicant is a wholly owned subsidiary of a publicly traded U.S. corporation.	
If applicant is a wholly owned subsidiary of a publicly traded U.S. corporation, you are not required to file this form.			

Your NAME (First Middle Last) and TITLE as it relates to the applicant company

Your MAILING ADDRESS (be sure to keep your mailing address current with our office)

Address line 1		
Address line 2		
City	State or Province	Zip or Postal Code
Country (if other than United States)		

Your BUSINESS ADDRESS or check if same as mailing address

Address line 1		
Address line 2		
City	State or Province	Zip or Postal Code
Country (if other than United States)		

PART 2: Confidential background information disclosure:

By signing below, I indicate that I understand and agree to the following: The Office of Financial and Insurance Services (OFIS) will evaluate my suitability under Michigan law relating to the applicant company I am affiliated with. Error, omission or fraud on this Affiliation Disclosure may result in denial of the company's application, revocation of license if issued, and criminal or civil action against myself and the applicant company. OFIS may use the information below in the conduct of an investigation which may include contact with governmental agencies, credit or other reporting agencies, courts, previous employers and associates. If any information indicates a violation of law, it will be referred to the appropriate authority. If information about me warrants denial of the application, the Office of Financial and Insurance Services will provide the applicant company written notice of the facts, including a statement of the statutory and factual reasons, and the applicant's rights to dispute or appeal such a denial.

Information given below on this page only is confidential. It is NOT a public record and shall not be released under the Freedom of Information Act.

<input type="checkbox"/> Mr.	FULL LEGAL NAME of affiliated person	Jr., Sr., II, III etc.	Your Social Security Number
<input type="checkbox"/> Mrs.			
<input type="checkbox"/> Ms.			
Your RESIDENCE ADDRESS (must include actual street address, not PO Box)		Daytime phone with area code, for questions about this form: ()	
Address line 1		Driver's license number	
Address line 2		State	
City		Date of birth (mm/dd/yyyy)	
State		Email address	
Zip			
Other names with social security numbers under which my tax information is filed		Other names by which I am known now or have been known by in the past	

Certification

I have read the confidential background information disclosure. I understand and agree to it. I swear under penalties of perjury that the information given on and attached to this Affiliation Disclosure is true, accurate and complete.

Signature of affiliated person	Date signed
--------------------------------	-------------

PART 3:

1. Have you ever been convicted of, or are you currently charged with, committing a crime?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the charging document; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Crime" includes a misdemeanor, felony or a military offense. Exclude misdemeanor traffic citations and juvenile offenses. "Convicted of" includes a finding of guilty by verdict of a judge or jury, having plead guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

2. Have you or any business in which you are or were an owner, partner, officer, director or member ever been involved in an administrative proceeding regarding any professional or occupational license (including unlicensed activity you were required to be licensed for)?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the type of license and the circumstances of each incident; a copy of the hearing notice or other document that states charges and allegations; a copy of the official document that demonstrates resolution of the charges or any final judgment.

"Involved" means having a license suspended, revoked, canceled, terminated, or being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding related to a professional or occupational license. It also means having a license application denied or withdrawal of an application to avoid a denial.

3. Are you presently or have you ever been a party to, or have you been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the circumstances of each incident; a copy of the petition, complaint or other document that commenced the lawsuit or arbitration; a copy of the official document that demonstrates resolution of the charges or any final judgment.

4. Have you personally or has any business in which you have had an ownership interest (other than stock in a publicly traded company), or served as an officer or director, ever been declared bankrupt or filed for bankruptcy?

☐ Yes ☐ No If yes, attach the following to this Affiliation Disclosure:

A written statement explaining the details of the indebtedness and arrangements for repayment, and/or type and location of bankruptcy; a copy of the discharge of bankruptcy.

5. Do you hold any type of financial services license (such as insurance, securities, banking/finance) issued by another state?

☐ Yes ☐ No If yes, complete below. Attach additional page if necessary.

State	License number	Type of license	Name of regulatory agency issuing license

6. Please describe your experience in the consumer financial services business. List all consumer financial service firms you have been employed by: Consumer financial services includes but is not limited to: Mortgage brokering, mortgage lending; mortgage servicing; motor vehicle installment sales; credit card; sale of checks; regulatory loan; money transmission service; and deferred presentment service transactions. Attach additional pages if necessary.

7. Will your affiliation with the applicant company be your primary occupation or business activity?

☐ Yes ☐ No If no, what is your primary occupation or business activity? _____

8. Please give your employment history for the past ten years. Account for all time and all employment experience. Include full and part-time work, self employment, military service, unemployment and full-time education. Start from the present time and work back 10 years. Attach additional pages if necessary.

Employer name	Location (city, state)	From month year	To month year	Position held
			Present	

9. Please list all firms, companies, corporations or other business organizations of which you are a director, officer, employee, partner, owner or member. Attach additional pages if necessary.

Name of business	Location (city, state)	Type of business	Position held

Filing Instructions

Be sure that all pages of this Affiliation Disclosure are completed and that any required supplemental information is attached. Check to be certain that the certification statement at the bottom of page 1 is signed. Include with applicant company's application filing, and (unless you are an affiliate of a corporate stockholder) send directly to:

Office of Financial and Insurance Services
611 W. Ottawa Street
PO Box 30224
Lansing, MI 48909-7724

Authority: This form is a required attachment for a variety of OFIS application forms. It is authorized under the same public act as the application to which it is required to be attached. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.



Michigan Department of Labor & Economic Growth

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The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Financial Statement Disclosure

File this Financial Statement Disclosure with your application. Report based on the fiscal year of the applicant immediately preceding the date of this application. Use financial data for the applicant or licensee, not the parent company.

You may submit an independently audited financial statement (must be less than 6 months old) in lieu of page 2 of form FIS 2053. The financial statement must be accompanied by an opinion prepared by a CPA and must include all of the items listed on page 2 of this form.

Fiscal year end date (mm/dd)

Period this report covers:

Beginning

Ending

Name of Company or Individual Applicant

Tax ID number (FEIN) or SSN for individuals

Entity type (choose one)

- ☐ Consumer Financial Services-Class I
- ☐ Consumer Financial Services-Class II
- ☐ Deferred Presentment Service Provider
- ☐ Money Transmission Services Provider

Attention Consumer Financial Services Entities:

The Commissioner may by order establish a higher net worth requirement for new Class I and Class II licensees to assure safe and sound operation of the activities.

Instructions for all entities:

Disclose net worth using page (2) of form FIS 2053 or an independently audited financial statement.

Do NOT include the following assets to compute net worth:

- (a) That portion of an applicant's assets pledged to secure obligations of any person other than the applicant.
- (b) Receivables from officers or, in the case of a corporate applicant other than a publicly traded company, stockholders of the applicant or persons in which the applicant's officers or stockholders have an interest, except that construction loan receivables secured by mortgages from related companies are not so excluded.
- (c) An amount in excess of the lower of the cost or market value of mortgage loans in foreclosure or real property acquired through foreclosure.
- (d) An investment shown on the balance sheet in joint ventures, subsidiaries, or affiliates that is greater than the market value of the investment.
- (e) Goodwill or value placed on insurance renewals or property management contract renewals or other similar intangible value.
- (f) Organization costs.

Licensees must maintain net worth requirements while engaging in the licensed business activities.

Verification

I swear under penalties of perjury that the information above and attached is true, accurate and complete.

Signature

Date signed

Signer's name and title (typed or printed)

Authority: This form is a required attachment for a variety of OFIS application forms. It is authorized under the same public act as the application to which it is required to be attached. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.

Certification of Notary Public

State of _____ County of _____

On this _____ day of _____, 20____, before me, the undersigned notary, personally appeared

_____, personally known to me, or proved to me through government-issued documentary evidence in the form of

_____ to be the person(s) who signed the preceding document in my presence and who swore or affirmed to me that the signature is voluntary and the document truthful.

Official seal and signature of notary



Michigan Department of Labor & Economic Growth

Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, sexual orientation, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Financial Statement Disclosure

You may submit an independently audited financial statement in lieu of page 2.
Page 1 must always be filed. See detailed instructions on page 1.

For the fiscal year ending

MM / DD / YY				

Name of Company or Individual Applicant	Tax ID number (FEIN) or SSN for individuals

Complete entire statement. Use blank lines to itemize and describe other items. Attach additional pages if necessary.
Place applicant name, tax ID number (FEIN) and fiscal year end in the upper right corner of all attachments.

ASSETS

LIABILITIES AND STOCKHOLDERS' EQUITY

CURRENT ASSETS	
1. Cash	
2. Notes receivable	
3. Accounts receivable	
4. Mortgage loans and contracts receivable	
5. Stocks, bonds and other investments	
6. Furniture, fixtures and equipment	
7. Real estate and buildings	
Other assets (describe)	
8. _____	
9. _____	
10. _____	
11. _____	
12. _____	
13. _____	
14. _____	
15. _____	
16. _____	
17. _____	
18. TOTAL ASSETS (add lines 1 through 17)	

LIABILITIES	
19. Notes payable	
20. Accounts payable	
21. Mortgage loans and contracts payable	
Other liabilities (describe)	
22. _____	
23. _____	
24. _____	
25. _____	
26. _____	
27. Total liabilities (add lines 19 through 26)	
STOCKHOLDERS' EQUITY	
28. Common stock	
29. Preferred stock	
30. Additional paid-in capital	
31. _____	
32. _____	
33. _____	
34. _____	
35. Retained earnings	
36. Total stockholders' equity (add lines 28 through 35)	
37. TOTAL LIABILITIES AND STOCKHOLDERS' EQUITY (add lines 27 and 36)	

Are any of the assets in this financial statement pledged to secure payment of liabilities?
☐ Yes ☐ No If yes, attach a report stating kind and total of assets pledged, amount of indebtedness secured, and the name of the pledges.

Fee Calculation for Money Transmission Services Provider

Name of Money Transmission Services Provider as it appears on your Michigan application or license	Tax ID number (EIN) or SSN if individual									
	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									

Designated contact person (person responsible for inquiries about this fee card and attached payment)

Name and title	Telephone number (include area code)
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An explanation of the fees to apply and become licensed as a Money Transmission Services Provider in Michigan:

Each applicant pays an Application (investigation of applicant) fee of \$600.00 (line 2) which must be included when you submit the application. The application fee is not refundable under any circumstances. If the application for license is approved, applicant must pay a base license fee of \$950.00 (line 3) plus a \$50 license fee per location (line 4) up to a maximum of \$3,000 (60 or more locations). If the license fee is paid at the time of application (line 5), processing will continue uninterrupted when application is approved. An applicant can also choose to be billed for the license fee upon approval of the application. OFIS will not issue a license until license fees are received and processed. If an application is not approved, license fees that were prepaid (line 5) will be promptly refunded.

A location is defined as the main place of business and any additional locations at which money transmission services activities occur. "Authorized delegate" means a person that a licensee designates to provide money transmission services in this state on behalf of the licensee. A Money Transmission Services Provider may provide services at locations directly under their control, such as main and branch offices and through "Authorized Delegates." The places of business where authorized delegates conduct money transmission services business on behalf of the licensee are considered "additional locations" of the Money Transmission Services Provider.

As an example, Ima Sample is a Money Transmission Services Provider. She has a main office in downtown Plainview and a branch office in East Plainview. Ima has a written agreement authorizing Justin Biznez to act as her delegate and conduct Money Transmission Services on her behalf at each of the 5 JustinTyme convenience stores he owns in the metro Plainview area. Ima's money transmission services business has a total of 7 locations: The main office (downtown Plainview), the branch office (East Plainview), and each of the 5 JustinTyme convenience stores.

Fee Calculation *Line 1 must agree with line 1b of General Interrogatories, Form FIS 2060 Money Transmission Services Provider Application*

1. Enter the total of ONE main office (located in or out of Michigan) PLUS each <i>additional location</i> from which the company will transact Money Transmission business in Michigan	1.	
2. Application Fee - investigation of applicant (\$600 for all applicants, non-refundable)	2.	\$600.00
3. Base License Fee (\$950 for all applicants)	3.	\$950.00
4. License Fee per location: <i>Multiply line 1 by \$50.00 and enter the lesser of the actual amount or the \$3,000.00 maximum</i>	4.	\$.00
5. Total <u>License Fee</u> applicant will prepay <i>Add lines 3 and 4</i>	5.	\$.00
<i>OR Check if you prefer that we</i> <input type="checkbox"/> <i>Bill for the license fee upon approval of this application (if so, leave line 5 blank)</i>		
6. Total Fee amount due now <i>Add lines 2 and 5</i>	6.	\$.00

Filing Instructions:

Make check for total amount due (line 6), payable in US dollars to: State of Michigan

Attach check to this form.

Submit this form with payment attached with your completed application filing.

If you have questions about this form or the Money Transmission Services Provider licensing process, contact OFIS toll-free at 1-877-999-6442.

Authority: 2006 PA 250. Failure to complete or submit this form, false statements, or omissions may result in rejection of your application, denial of a license, revocation of a license if issued, and other civil and criminal action.



Michigan Department of Labor & Economic Growth
Visit OFIS online at: www.michigan.gov/ofis Phone OFIS toll-free at: 1-877-999-6442

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